STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004440	A. BUILDING _____ B. WING _____	R-C 03/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER HOUSE	2879 S LIMA RD KENDALLVILLE, IN 46755

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the PSR (Post Survey Revisit) to the Investigation of Complaint IN00101827 completed on 1/10/2012. Complaint IN00101827 - Corrected Survey date: 3/16/2012 Facility number: 004440 Provider number: 004440 AIM number: N/A Survey team: Shelly Miller- Vice, RN Census bed type: Residential: 26 Total: 26 Census payor type: Other: 26 Total: 26 Sample: 1 Chandler House was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00101827. Quality review completed on March 22, 2012 by Bev Faulkner, RN	{R 000}		